

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

**MOBILE MEDICAL INTERNATIONAL CORPORATION PAC**

ADDRESS (number and street)

2176 PORTLAND STREET

PO BOX 672

☐ (Check if address is changed)

ST JOHNSBURY

VT

05819

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

lsilvestre@mmicglobal.com

☒ (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2011

3. FEC IDENTIFICATION NUMBER

C C00448761

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Rick Cochran

Signature of Treasurer

Rick Cochran

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)